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December 10, 2018

Art Acevedo
Chief of Police



Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Dear Commissioners:

The Houston Police Department submits these comments on the Implementation of the National Suicide Hotline Improvement Act, currently under review by the Federal Communications Commission (FCC). We appreciate the opportunity to provide comments as FCC issues a formal recommendation on implementing an N 11 code for the National Suicide Prevention Lifeline ("NSPL" or "Lifeline") as well as for general mental health support for callers.

The Houston Police Department also partners with the Harris Center for Mental Health & IDD as well as our Public Service Answering Point (PSAP). A team of 6 full time Crisis Phone Counselors working with our Crisis Call Diversion Program (CCD) are co-located with 911 police and EMS dispatch. This program diverts non-imminent risk calls with a mental health nexus away from first responders and toward a more appropriate system of care. Councilors also de-escalate calls still requiring emergency response. We are the first partnership of this kind in the country and have diverted thousands of calls away from unnecessary police and EMS response since the program began in 2016.

Just last week, the Centers for Disease Control reported that over 40,000 Americans died by suicide last year --driving the national suicide rate to its highest rate in decades. Establishing 3-digit access will help remove the stigma associated with mental health challenges and reaching out for help. 3-digit access to crisis services represents a national recognition that seeking help for behavioral health and suicidal crisis is just as much a part of life as seeking help for fire, injury, or other health and wellness needs. Implementing a 3 digit code simplifies access to care for those in crisis.

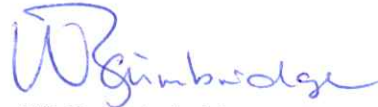
The work that happens at the Harris Center Crisis Line and our Crisis Call Diversion Program (911 center-based) is not only about serving those callers who call in through our local county crisis line or the National Suicide Prevention Lifeline, it is also about the follow-up calls that are



made to these callers. Follow-up calls to those who originally reach out for care due to suicidal ideation have shown to greatly impact the outcomes of the crisis interaction in a positive way (Gould, Lake, Galfalvy, Kleinman, Munfakh, Wright, and McKeon, 2017). The Harris Center is one of many crisis centers across the country who is ready to continue to support this type of crisis care for a N 11 system. We have shared our processes and conducted site visits for agencies across the country.

We are aware the Commission has received comments suggesting that the current 211 system be used for 3-digit access to crisis intervention, rather than a dedicated behavioral health and suicide lifeline. This approach is not consistent with Congressional intent. Implementation through 211 would add delay and complexity for a person who needs help. The 211 model also minimizes the value of stigma reduction that the dedicated N 11 model could provide for those accessing mental health crisis care. There is no need to re-invent the wheel when a network of skilled and experienced crisis responders is already in place across the nation to provide these vital services. Through our partnerships with the Harris Center for Mental Health and IDD we are ready to partner with the FCC, National Suicide Prevention Lifeline and other N 11 responders as we work together to continue to ensure those in need in our communities can access care in whatever manner feels easiest and most accessible to them.

Sincerely,



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Patrol Region 3 Command

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Attachment

Docket 18-336 Implementation of the National Suicide Hotline Improvement Act of 2018